Pete & Mac's Recreational Resort for Pets First Time Guest Registration



Please complete a separate sheet for each guest

Parent Information

Name			email address			
Address City Work Phone	Home Phone	State	Cell Phone	Zip		
Emergency Contact			Phone #			
Veterinarian's Name Office Number		Clinic_				
How many pets do you ow	n? Cats?		Dogs?			
Guest Information Name Species		Breed		Date of Birth	Color	
Sex	Spay	ed or Neutered	Yes		No	

Medical History/Vaccinations

Pete & Mac's Recreational Resort for Pets requires that all vaccinations be administered by a licensed veterinarian. Written proof or verbal confirmation that all your pet's vaccinations meet our standards will be required from your veterinarian prior to your pet's visit. Pete & Mac's Recreational Resort for Pets reserves the right to require vaccinations be administered 5 days prior to your pet's visit.

Any medical history, recent or chronic, that we should be aware of? Please detail below.

Any Medications?			1	
Name of Medication	Dose	# times/day	Special Instruction	S
For my first visit, I am i	nterested in:			
Lodging		Grooming	g	Training
How did you hear about				
Apartment Complex	Friend/Coworker/Relative		Rescue/Shelter	
Door Hanger	Internet		Saw the Building	
Email	Mail		Obedience Trainer	
Event	Print Advertisement		Vet's Office	
Facebook	Radio		Work	
Other? (please tell us)				
		100	Na	
Would you like to be included in		′es	No	
would you like to receive prom	otional offers from one or more of our	partners, such as	Purina?	
		'es	No	

This form contains information we require. Thank you for choosing Pete & Mac's Recreational Resort for Pets - simply the finest in vacation lodging, daycare, professional grooming and training for your pet!